

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF CORRECTION
HEALTH SERVICES DIVISION
103 DOC 622
DEATH PROCEDURES

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MASSACHUSETTS DEPARTMENT OF CORRECTION	DIVISION: HEALTH SERVICES
TITLE: DEATH PROCEDURES	NUMBER: 103 DOC 622

PURPOSE: The purpose of this policy is to establish guidelines in the event of the death of an inmate or in the event of the death of an employee while performing his/her duty.

REFERENCES: MGL c 40 §36A, MGL c124 § 1 (c), (q); MGL c 127, §§ 117, 118, MGL c 38 §3, MGL c 38 §5, MGL c 38 §6
ACA Standard: 3-4375
NCCHC Standard: P-10; P-11

APPLICABILITY: Staff **PUBLIC ACCESS:** No

LOCATION: DOC Central Policy File
Facility Policy File
Health Services Division Policy File

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Director of Health Services
Superintendent

EFFECTIVE DATE: 02/24/07

CANCELLATION: This policy cancels all previous department policy statements, bulletins, directives, orders, notices, rules and regulations regarding planning which are inconsistent with this policy.

SEVERABILITY CLAUSE: If any part of this policy is for any reason held to be in excess of the authority of the commissioner, such decision will not affect any other part of this policy.

622.01 General Policy

Each Superintendent shall develop written procedures to be followed in the event of an employee or inmate death. These procedures shall include the following provisions:

1. Written procedures for emergency and/or life-threatening situations, referred to as Code 99 Procedures, consistent with the facility's staffing patterns and the level of training of available personnel. These Code 99 Procedures shall be approved by the Director of Health Services or designee. (See Attachment A: Code 99/Medical Emergency Guidelines).

2. All suicide attempts are to be logged into the Criminal Justice Information System (CJIS) by appropriate department staff, using the suicide file (Q-5) maintained on the CJIS network. This file serves as a database for attempted suicides and threats to commit suicide and is available to the entire criminal justice community. Massachusetts law requires all persons housed in a "lock-up" be checked for prior suicide attempts; and that all attempted suicides while in custody shall be recorded in the central database (CJIS file). (See 103 DOC 401, Booking and Admissions.)

Medical staff shall log suicide attempt information on the IMS Mental Health/Substance Abuse History Screen. In addition, suicide attempts information shall be entered on the Q5 Query Information Screen by appropriate department staff.

3. If a contractual physician/advance practitioner is available on-site at the time of the occurrence, he/she may be summoned to the scene to render medical care and/or pronounce the victim dead.

4. At any facility where contractual Health Service staff are available on-site, these personnel shall be summoned to the scene of the occurrence to render medical care.
5. If the death occurs at an outside hospital, including the Lemuel Shattuck Hospital, the death procedures of that hospital shall be followed in conjunction with this policy.

622.02 Notification

Upon the death of an inmate or the death of a Department or contractual employee while performing his/her duties, the following notification process shall occur:

1. During business hours, Monday through Friday, 9:00 AM to 5:00 PM, excluding Holidays, the Superintendent of the facility where the inmate is housed shall initiate the following notifications:
 - a. The appropriate Assistant Deputy Commissioner;
 - b. The Deputy Commissioner or designee;
 - c. The Associate Commissioner of Reentry/Reintegration
 - d. The Commissioner or designee, who shall then notify the Secretary of the Executive Office of Public Safety and Homeland Security and follow up with a memorandum describing the circumstances;
 - e. The Director of Health Services;
 - f. The Program Director of the contractual medical provider or designee;

- g. The Office of Investigative Service Duty officer.
- 2. During non-business hours, the Superintendent of the facility where the inmate is housed shall initiate the following notifications:
 - a. The appropriate Assistant Deputy Commissioner;
 - b. The Deputy commissioner of designee;
 - c. The Associate Commissioner of Reentry/Reintegration;
 - d. The Commissioner or designee, who shall then notify the Secretary of the Executive Office of Public Safety and Homeland Security and follow up with a memorandum describing the circumstances;
 - e. The Director of Health Services;
 - f. The Program Director of the contractual medical provider or designee;
 - g. The Office of Investigative Services Duty Officer.

When a death occurs during non-business hours the Superintendent of the facility or designee shall notify the Commissioner's office as soon as possible. An urgent matter report shall also be processed at this time by the Superintendent or designee.

- 3. The Superintendent of the facility or designee shall notify the Medical Examiner and District Attorney and/or State Police CPAC Unit of the district wherein the inmate body lies. Notification shall include the time, place, manner, circumstances and cause of death (if known). The Superintendent shall request that the Medical Examiner view the body.

4. In the event that an inmate dies while under the care of a physician/advance practitioner who is providing services through a contractual agreement with the Department, the physician/advance practitioner shall immediately report the death to the Superintendent or designee. The Superintendent or designee shall then notify the Director of Health Services or designee who shall in turn notify the Program Director of the contractual medical provider.
5. The Superintendent or designee at the Bridgewater State Hospital shall report any death to the Board of Registration in Medicine that meets the criteria of the Qualified Patient Care Assessment Plan, 243 CMR 3.00.
6. The Superintendent or designee of the institution having custody of the inmate shall be responsible for notifying Victim Services and/or the CORI Petitioner pursuant to 103 DOC 407, CORI Certification and Notification policy.

622.03 Notification of Next of Kin

The Superintendent of each facility shall establish written procedures for notifying an inmate or employee's next of kin. The procedure shall include the following provisions:

1. Each inmate shall complete and sign an emergency notification card (ENC), upon admission to the facility. The ENC shall include the name, address, and phone number of the individual whom the inmate designates as his/her next of kin, along with a space for the inmate's signature. In the event that the inmate desires no such notification, the word "none" shall be entered into the space for next of kin. Whenever possible, permission for notifications shall be obtained from the inmate prior to need, e.g., major surgery, terminal illness.

This information shall be documented on the IMS Inmate's Family Information Screen. If there is "none", "no emergency contact" shall be written on the "other relevant information field."

2. The Superintendent or designee shall ensure that emergency notification data are up to date.
3. Each facility shall maintain up-to-date records of the next of kin for each Department employee. These records are to be immediately available in the facility files.
4. The Program Director of the contractual medical provider shall maintain up-to-date records of the next of kin for each contractual employee. These records shall be kept on file at the main office of the contractual medical provider and the information shall be made available to the Superintendent or designee in the event of an emergency.
5. Following the death of an inmate or employee, the Superintendent or designee shall immediately notify the next of kin, as identified, by telephone. A letter with confirmation shall be sent to the proper address. In the event that an employee is pronounced dead at an outside hospital emergency room, the next of kin information shall be made available to the emergency room staff. The Superintendent or designee shall keep in contact with the family as necessary.
6. The Shattuck Hospital Correctional Unit Superintendent or designee shall notify the sending facility Superintendent or designee upon the occurrence of a death of an inmate at the Lemuel Shattuck Hospital. The Superintendent of the sending facility or designee shall make all further notifications.
7. All inquiries regarding the death of an inmate or employee shall be referred to the

Superintendent's office. As much as is appropriate, information regarding the death, procedures related to autopsy, burial, property, etc., should be communicated to the next of kin.

622.04 Discovery of a Death

1. When a physician/advance practitioner is on-site:

- a. When a victim is discovered, immediate life saving measures shall be started by the first responder and continue until medical personnel arrive on the scene and take charge of giving medically related orders to staff in the immediate area, i.e., medication orders, ambulance call, movement of the inmate, etc. If a physician/advance practitioner determines upon examination that life saving measures are no longer warranted, he/she may stop, or order the cessation of life saving measures and pronounce the victim dead.

Note: Life saving measures shall be started by the first responder and continued until the medical personnel arrive on site to direct the code response, unless one or more of the following is present:

- i. Obvious mortal wounds characterized by decapitation or incineration of the body or several body injuries so extensive such as a crushing injury to the head or chest where there is no airway access such that CPR cannot be performed effectively.
 - ii. Obvious decomposition of the body.
- b. All efforts shall be made to preserve the scene of death by the staff in attendance. Protection of possible crime scene is a

priority, but always secondary to life preserving measures.

- c. Documentation including time called; time arrived at the scene; location; all observations made; all equipment used, e.g., oxygen, needles, drugs, etc.; medical treatment rendered and time of ambulance arrival, shall be recorded by both security and the contractual Health Services staff as soon as possible before the end of the shift, while there is distinct memory of all details.
- d. In the event that the inmate is pronounced dead by the contractual physician/advance practitioner, a Department employee shall remain at and preserve the scene of death until such time as the Medical Examiner determines to take jurisdiction in accordance with MGL c 38 § 4.
- e. In the event that the Medical Examiner takes jurisdiction, the body shall not be moved from the scene until the Medical Examiner or the District Attorney authorize the removal of the body, in accordance with MGL c 38 § 4. In the event that the Medical Examiner declines to take jurisdiction, the Superintendent or designee shall authorize removal of the body.
- f. In the event that the inmate is pronounced dead and if the Superintendent has determined that a special investigation is needed in accordance with section 622.07 of this policy, the body shall not be disturbed and the scene of death shall not be disturbed until such action is authorized by the Superintendent or designee, as well as by the Medical Examiner and the District Attorney, as required above.

2. When a physician/advance practitioner is not on-site

- a. Immediate life saving measures shall be started and continued by the first responder even if the victim appears dead. Other non-physician/advance practitioner Health Services staff shall be summoned to the scene and shall continue life saving measures and give the order for an ambulance to be called. If there are no Health Services staff on site, an ambulance shall be called immediately while life saving measures are continued.

Note: Life saving measures shall be started unless one or more of the following is present:

- i. Obvious mortal wounds characterized by decapitation or incineration of the body or several body injuries so extensive such as a crushing injury to the head or chest where there is no airway access such that CPR cannot be performed effectively or when an EMT Level 2 and/or paramedic assume control of the emergency response or determine life saving measures are no longer warranted.
 - ii. Obvious decomposition of the body.
- b. All efforts shall be made to preserve the scene of death by the staff in attendance.
 - c. Documentation, including time called; time arrived at the scene; location; all observations made; all equipment used, e.g., oxygen, needles, drugs etc.; medical treatment rendered and time of ambulance arrival shall be recorded by both security and the contractual Health Services staff as soon as possible before the end of the

shift while there is distinct memory of all details.

- d. If the Superintendent or designee has determined that a special investigation is needed in accordance with section 622.07 of this policy, the scene shall not be disturbed until such action is authorized by the Superintendent. If the Medical Examiner has taken jurisdiction, the Superintendent or designee shall coordinate the removal of the body with the Medical Examiner or the District Attorney, as applicable.

622.05 Disposition of the Body

1. As soon as removal of the inmate's body is authorized in accordance with the above procedures, the Superintendent or designee, or the Medical Examiner shall make arrangements with the family or a local mortuary to take charge of the body pending further disposition. The names and numbers of at least two funeral homes where agreements have been reached shall be identified in the facility procedures.
2. The Superintendent or designee shall request written documentation by the Health Authority or Agency verifying death of the inmate.
3. Following release of the body by the Medical Examiner, the inmate's body shall be released to the next of kin. If no next of kin claims the body, the Superintendent or designee shall make arrangements for burial at the Department's expense.
4. In the event of an employee death, the Superintendent or designee, shall make arrangements with the family or local mortuary to take charge of the body.

622.06 Reports and Documentation

1. The Director of Health Services, upon the request of the Medical Examiner's office made through the Commissioner's Office, shall deliver a copy of the deceased inmate's medical record to the Medical Examiner's Office. The Director of Health Services shall also request and maintain a copy of the autopsy report from the Chief Medical Examiner, in accordance with policies and procedures of the Chief Medical Examiner. This report shall be used by the Director of Health Services for quality assurance, and shall be kept confidential as stated in the Memorandum of Understanding between the Massachusetts Department of Correction and the Chief Medical Examiner.
2. The Department of Correction Health Services Division shall complete a United States Department of Justice Death in Custody Report and send it to the appropriate government officials. (See Attachment H)
3. All observers of the death/emergency and responders shall complete facility incident reports and submit them to the Superintendent's office or designated area before the end of the shift. Reports shall be specific regarding the observer's role, witnesses and other responders, actions taken, and timing of events. The Superintendent or designee shall submit a summary report to the Commissioner; Deputy Commissioner; Assistant Deputy Commissioner; Director of Health Services; Associate Commissioner of Reentry/Reintegration and General Counsel within 48 hours of the incident. This report is to be separate from the memorandum noted in 622.02(2).
4. In the event that life-saving measures were attempted by contractual medical staff, a contractual medical staff member shall be required to document a chronology of the treatment given. All treatment procedures and an

objective description of the incident shall be documented appropriately in the inmate's medical record by medical staff before leaving the facility at the end of the shift.

5. The Superintendent or designee shall have the deceased inmate's medical record, including the mental health record; medication kardexes; six-part folder; visiting card and any other pertinent documentation confiscated by security staff immediately following the incident. Contractual medical staff shall have access to the medical record only under supervision of Department personnel.

IMS access to medical information shall be severely limited. Pertinent health services screens shall be printed at this time.

6. Copies of records and reports

- a. The Superintendent shall ensure that the original medical record and three copies (four copies in the event of a suicide) are immediately made available and forwarded to the Director of Health Services or designee in the event of a death. (If there are any questions about documentation to be copied from the medical record, the Superintendent's office shall contact the Health Services Division Regional Administrator assigned to the facility.)

The copies forwarded to the Director of Health Services are for delivery to the Chief Medical Examiner upon request, and review by the Health Services Regional Administrator, the Department's Senior Medical Consultant and/or Senior Psychiatric Consultant.

Additionally, the Superintendent shall retain two full copies of the medical record; one copy for the purpose of

investigation, if warranted; and the other copy of the medical record shall be provided to the on site contractual medical provider.

- b. Copies of all Department incident reports related to the death are to be made immediately available to the Director of Health Services or designee.
- c. The Superintendent shall forward, upon receipt, a copy of the death certificate to the Director of Health Services.

622.07 Investigation

- 1. The Office of Investigative Services shall develop written procedures, pursuant to 103 DOC 518, for the investigation of any death which appears to be the result of any of the following:
 - a. homicide;
 - b. injury relating to occupation;
 - c. any other suspicious or unnatural circumstances.

Site specific procedures shall provide that the Commissioner may activate the Department Medical Investigation Team at his/her discretion.

The Superintendent shall notify and update the Commissioner, Deputy Commissioner, and the Associate Commissioner of Reentry/Reintegration regarding the status of the investigation.

- 2. Activation of Departmental Medical Investigation Team

Upon notification of an inmate death and when the death appears to be any of the following, the Commissioner may activate the Departmental

Medical Investigation Team: (See Attachment D for the definition of the Departmental Medical Investigation Team)

- an unattended death in a facility
- a suicide
- involvement in any drug diversion or misuse
- any other suspicious or unnatural circumstances

The Commissioner shall notify the Deputy Commissioner, the Director of Health Services, the Associate Commissioner of Reentry/Reintegration, the appropriate Assistant Deputy Commissioner and the Chief of the Office of Investigative Services of the decision to activate the medical investigation team. The Assistant Deputy Commissioner will notify the Superintendent of the involved facility.

622.08 Health Services Quality Assurance Mortality Review Committee

Upon notification of an inmate death at a Department facility, the Division of Health Services shall convene a Quality Assurance Mortality Review Committee as described in 103 DOC 601, Health Services Organization. This is inclusive of an inmate death that occurs within 72 hours of an admission to an outside facility. (See Attachment B Quality Assurance Mortality Review Procedure.)

1. The Regional Administrator assigned to the facility where the death occurred shall be responsible for coordinating the Quality Assurance Mortality Review Committee and obtaining the original medical record and copies of the medical record and all pertinent reports and documentation from the Superintendent or designee. Every effort shall be made to schedule the Quality Assurance Mortality Review within thirty days of the inmate death.

IMS documents shall be copied from pertinent screens including but not limited to Q5 Query, Info Screen, Medical Restrictions Screen, Medical Information Screen, Mental Health Watch Screen, Mental Health/Substance Abuse Screen, and Medical Orders Screen.

2. After consultation with the Director of Health Services, the Regional Administrator will identify the individuals who shall attend the review process. 3. The Committee shall convene at the facility where the inmate was assigned and the Superintendent or designee shall be responsible for notifying critical staff involved in the incident of the need for their attendance and cooperation with the review process. The Superintendent or designee shall attend as an observer.
3. A quality assurance mortality review report, signed by each member of the review team, shall be forwarded by the Director of Health Services, to the Commissioner, the Deputy Commissioner, the Associate Commissioner of Reentry/Reintegration, the appropriate Assistant Deputy Commissioner, Superintendent, and the Program Director of the contractual medical provider.
4. The preliminary report shall be considered complete and final when the Medical Examiner's report and the autopsy report are received and attached.
5. Recommendations for corrective action that result from the review shall be acted upon in an expedient manner, and shall be followed up by the Deputy Director of Health Services on a quarterly basis. Quarterly follow-up reports shall be submitted to the Director of Health Services and the Associate Commissioner of Reentry/Reintegration.

622.09 Quality Assurance Suicide Review Committee

The Quality Assurance Suicide Review Committee shall be incorporated into the mortality review process if the death is actually or potentially the result of a suicide. The Quality Assurance Suicide Review Committee may also convene at the written request of a Superintendent or the Director of Health Services for any suicide attempt that he/she believes may require an in-depth review. This Committee shall review treatment, examine immediate precipitants, long term risk factors and any administrative issues that are presented in accordance with 103 DOC 650, Mental Health Services. (Also see Attachment C - Quality Assurance Suicide Review Procedure.)

622.10 Inmate Burials

The Superintendent shall develop institutional procedures which designate the staff person(s) responsible for the following:

- a. Contacting the Fiscal Director for the facility's division for notification of the funeral home so that the inmate's remains may be removed to be prepared for burial.
- b. Requesting funds to bury inmate.
- c. Scheduling the funeral and preparing the burial site to include the burial permit.
- d. Sending a letter to the morgue or hospital (that has possession of the inmate's remains) and requesting the release of the body to the identified funeral home. (Attachment F).
- e. Once the funeral home has possession of the remains, the facility shall be required to complete the Statement of Identification (Attachment G). This paperwork is necessary for the funeral director to obtain the death certificate.
- f. Designate the person responsible for ensuring that a member of the Department of Correction clergy is present for burial services.
- g. Ensure the grounds of the DOC cemetery are maintained appropriately including development of a maintenance schedule.
- h. Maintain a plot plan for the DOC Burial grounds to include (to the degree possible) the names of the deceased already buried in the cemetery. Burial plot sizes should be 7' 3' in order to accommodate a standard casket.
- i. Ensure the casket is placed into the ground and the grave is covered.
- j. Ensure that the burial is appropriately recorded into the log (Attachment E) and numbered plot plan.

The procedure shall be approved by both the Superintendent and the Director of Health Services.

622.11 Inmate Cremations

Inmates who are ill and wish to be cremated must sign the Consent to Cremation form Attachment I prior to death.

If the Inmate's family does not want to assume responsibility of the body, but wants the Inmate to be cremated by the Department of Correction, they must sign the Consent to Cremation form Attachment I. If the inmate or the family does not sign the Consent to Cremate form the Department of Correction will bury the inmate. Please see the 622.10

The Superintendent shall develop institutional procedures, which designate the staff person (s) responsible for the following:

- A) Contacting the Fiscal Director for the facility's division for notification of the funeral home, so that the funeral home can obtain an authorization to cremate from the medical examiner's office.
- B) Requesting funds for cremation and burial of the ashes.
- C) Scheduling the funeral and preparing the burial site to include the burial permit.
- D) Sending a letter to the morgue or hospital (that has possession of the inmate's remains) and requesting the release of the body to the identified funeral home. (Attachment F)
- E) Once the funeral home has possession of the remains, the facility shall be required to complete the Statement of Identification (Attachment G). This paper work is necessary for the funeral director to obtain the death certificate.
- F) Ensure that the Department of Correction (DOC) clergy is present for burial services.
- G) Ensure the grounds of the DOC cemetery are maintained appropriately including development of a maintenance schedule.
- H) Maintain a plot plan for the DOC Burial grounds to include (to the degree possible) the names of the deceased already buried in the cemetery. Burial plot sizes must now include the size needed for the burial of the container of remains.

I) The container of remains must be placed into the ground and covered.

J) Ensure that the burial is appropriately recorded into the log (Attachment E) and numbered plot plan.

This procedure shall be approved by both the Superintendent and the Director of Health Services.

**ATTACHMENT A
NOT ON INTRANET**

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
DIVISION OF HEALTH SERVICES
QUALITY ASSURANCE MORTALITY REVIEW

- POLICY:** It is the policy of the Department of Correction, Health Services Division to perform a routine Quality Assurance Mortality Review of all inmate deaths occurring on-site at Department facilities in compliance with 103 DOC 622 Death Procedure and 103 DOC 601 Health Services Organization. The death of an inmate at an outside facility within 72 hours of admission shall also be included in this process.
- PURPOSE:** The purpose of this policy and procedure is to describe the Division of Health Services Quality Assurance Mortality Review Process and to delineate the responsibilities of all staff involved.
- SCOPE:** This policy and procedure applies to all Department of Correction facilities and the Departmental and contractual staff who work within them. Inmate deaths that occur on extended inpatient status at outside hospitals or medical facilities, including the Lemuel Shattuck Hospital, are beyond the jurisdiction of the Quality Assurance Mortality Review Committee and shall not be included in this process. However, this does not include an inmate who is an inpatient for 72 hours or less at an outside facility. See 103 DOC 601 and the Quality Assurance Suicide Review, Attachment C to 103 DOC 622 for deaths as a result of an actual or suspected suicide.
- RATIONALE:** In the event of an inmate death which occurs at a Department facility, the Director of Health Services shall designate a Mortality Review Committee that shall convene on-site at the facility where the death occurred in accordance with 103 DOC 622, Death Procedures. This committee shall be utilized for reviewing the evaluations of the medical/psychiatric interventions beyond resuscitation efforts, the medical record and reports of the on-site review team, interviewing staff involved in the emergency response and care of the inmate, and preparing a preliminary report.

PROCEDURE: The following steps shall be taken upon receiving notification from a facility that an inmate death has occurred at a DOC facility (see 622.02, 1).

1. The Health Services Duty Officer will immediately notify the Director of Health Services upon a death.
2. The Regional Administrator shall be responsible for notifying the Superintendent's office that the original medical record and three copies, four copies in cases of suicide, as well as a copy of all pertinent reports and other documentation are needed by the Health Services Division. The Superintendent or designee shall provide an additional copy of the medical record to the on site contractual medical staff.
3. The appropriate Regional Administrator shall submit an initial report detailing information on the inmates death within two working days of the death.
4. Once the original and appropriate number of copies of the medical record and other documentation are obtained from the Superintendent's office, the Regional Administrator shall deliver them to the Director of Health Services. One copy plus the original is for the office of the Director; one copy for the Medical Examiner's office; one copy for the senior medical consultant; and in case of suicide a copy is provided to the senior psychiatric consultant as well. (See 103 DOC 622.06 §§4 and 5 and Attachment A, 16.d.)
5. The Director of Health Services shall notify the Senior Medical Consultant of the death and send a copy of the medical record and other pertinent documentation to his/her office. At that time the Quality Assurance Mortality Review shall be scheduled according to the availability of the Senior Medical Consultant. All efforts shall be made to schedule the review within thirty days of the death.

6. When a date and time has been agreed upon for the Review, the Director of Health Services shall notify the Regional Administrator who shall in turn notify the Superintendent and brief him/her on the contents of the medical record and other pertinent documentation.
7. The Superintendent shall be responsible for the following:
 - a. Designating space for the Review Committee
 - b. Having his/her investigator or designee notify all critical staff, including contractual staff, involved in the incident of the need for their attendance and cooperation with the review process. These staff shall be notified of the time and place for the Review.
 - c. Providing the Director with any internal investigative reports as they are made available.
8. The Quality Assurance Mortality Review Committee shall consist of the following individuals who will have reviewed the documentation or have been briefed prior to the Review:
 - a. The Director of Health Services
 - b. The Deputy Director of Health Services
 - c. The Regional Administrator (recorder)
 - d. The Senior Medical Consultant

The Director of Health Services or designee shall be the chairperson

9. The Review Committee shall interview staff individually and shall attempt to clarify any questions that result from a review of the documentation. Staff shall also be queried as to whether or not they have any recommendations to improve the Emergency Response process at that particular facility. The Superintendent or designee shall attend as an observer. The Superintendent's investigator may attend as requested by the Superintendent. The Program Director or designee

of the Contractual Medical Program shall also attend as an observer.

10. All members of the Review Committee shall discuss and review the events, medical history, psychiatric history, symptoms, and medical procedures involved in the incident and the overall care of the inmate prior to his/her death. They shall also develop recommendations and a suggested timetable for corrective action (if any).
11. A confidential Quality Assurance Mortality Review Report, signed by each member of the Review Committee, shall be approved by the Director of Health Services and forwarded to the Commissioner, Deputy Commissioner, Assistant Deputy Commissioner, the Associate Commissioner of Reentry/Reintegration, General Counsel, Superintendent of the facility involved and Program Director of the contractual medical provider. The mortality review report shall be completed within seven working days of the mortality review.
12. Upon receipt, the Medical Examiner's report and the final autopsy report are to be filed with the mortality review report.
13. The superintendent of a facility shall provide the Health Service Division with a copy of the death certificate within ten days of its receipt.
14. Recommendations from the Quality Assurance Mortality Review Committee shall be monitored by the Regional Administrators. A report delineating the status of the recommendations shall be prepared by the Deputy Director of Health Services on a quarterly basis. The report shall be submitted to the Director of Health Services and the Associate Commissioner of Reentry/Reintegration.

15. The status of the recommendations shall be communicated to the senior consultants by the Director, or Deputy Director.

APPLICABILITY: This procedure applies to all Department and contractual staff.

RESPONSIBLE: The Director of Health Services is responsible for the implementation of this procedure.

REVIEW DATE: This procedure shall be reviewed annually upon the effective date of 103 DOC 622, Death Procedures policy.

APPROVAL: This procedure is effective 30 days after being signed. All provisions of this procedure shall be fully implemented within 30 days of the signature of the Director of Health Services.

APPROVED: _____
Director of Health Services Date

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
DIVISION OF HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

QUALITY ASSURANCE SUICIDE REVIEW (103 DOC 601)

- POLICY:** It is the policy of the Department of Correction, Division of Health Services to perform a routine Quality Assurance Mortality Review and Suicide Review of all inmate deaths occurring on-site at Department facilities that are the result of an actual or suspected suicide (also see 103 DOC 601). The death of an inmate at an outside facility within 72 hours of admission shall also be included in this process. A Suicide Review may also be conducted for selected life-threatening suicide attempts when requested by the Superintendent or the Director of Health Services. This policy and procedure is established in compliance with 103 DOC 622 Death Procedure and 103 DOC 601 Health Services Organization.
- PURPOSE:** The purpose of this policy and procedure is to describe the Division of Health Services Quality Assurance Suicide Review Process and to delineate the responsibilities of all staff involved.
- SCOPE:** This policy and procedure applies to all Department of Correction facilities and the Departmental and contractual staff that work within them. Inmate deaths that occur on extended inpatient status at outside hospitals or medical facilities, including the Lemuel Shattuck Hospital, are beyond the jurisdiction of the Quality Assurance Mortality Review Committee and shall not be included in this process. However, this does not include an inmate who is an inpatient for 72 hours or less at an outside facility.
- RATIONALE:** In the event of an inmate death which occurs at a Department Facility as the result of an actual or suspected suicide, the Director of Health Services shall designate a Mortality and Suicide Review Committee that shall convene on-site at the facility where the inmate death occurred in accordance

with 103 DOC 622 Death Procedure. This committee shall be utilized for reviewing the evaluation of the medical/psychiatric interventions beyond resuscitation efforts, Medical and Treatment Record and reports of the on-site review team, interviewing staff involved in the emergency response and care of the inmate, and preparing a Preliminary Report.

PROCEDURE: The following steps shall be taken upon receiving notification from a facility that an inmate death has occurred at a Departmental facility (see 622.02, 1).

1. The Health Services Duty Officer shall notify the Director of Health Services upon a death which was an actual or suspected suicide.
2. The Regional Administrator shall be responsible for notifying the Superintendent's office that the original and three (3) copies of the Medical and Treatment Record and all pertinent reports and other documentation are needed. The Superintendent or designee shall provide a copy of the Medical and Treatment Record to the on site medical staff.
3. The appropriate Regional Administrator shall submit an initial report detailing information on the inmates death within two working days of the inmate death.
4. Once the copies of the Medical and Treatment Record and other documentation are obtained from the Superintendent's office, the Regional Administrator shall deliver them to the Director of Health Services.
5. The Director of Health Services shall notify the Senior Medical Consultant and the Senior Mental Health Consultant of the death and send a copy of the Medical and Treatment Record and other pertinent documentation to their offices. At that time the Quality Assurance

Mortality and Suicide Review Committee shall be scheduled according to the availability of the Senior Medical and Senior Mental Health Consultant. Every effort shall be made to schedule the review within thirty days of the death.

6. When a date and time has been agreed upon for the Review, the Director of Health Services shall notify the Regional Administrator who shall in turn notify the Superintendent and brief him/her on the contents of the medical record and other pertinent documentation.
7. The Superintendent shall be responsible for the following:
 - a. Designating space for the Review Committee
 - b. Having his/her investigator or designee notify all staff involved in the incident (including contractual staff) of the need for their attendance and cooperation with the review process. These staff shall be notified of the time and place for the Review.
 - c. Providing the Director of Health Services with any internal investigative reports as they are made available.
8. The Quality Assurance Mortality and Suicide Review Committee shall consist of the following individuals who will have reviewed the documentation or have been briefed prior to the Review:
 - a. The Director of Health Services
 - b. The Deputy Director of Health Services
 - c. The Regional Administrator (Recorder)
 - d. The Mental Health Regional Administrator (Recorder)

- e. The Senior Medical Consultant
- f. The Senior Mental Health Consultant

The Director of Health Services or designee shall be the chairperson.

9. The Review Committee shall interview staff individually and shall attempt to clarify any questions that result from a review of the documentation. Staff shall also be queried as to whether or not they have any recommendations to improve the Emergency Response process at that particular facility. The Superintendent or designee shall attend as an observer. The Superintendent's investigator may attend as an observer as requested by the Superintendent. The Program Director or designee of the Contractual Medical Program shall also attend as an observer.
10. All members of the Review Committee shall discuss and review the events, medical history, psychiatric history, symptoms, and medical procedures involved in the incident and the overall care of the inmate prior to his/her death. They shall also develop recommendations and a suggested timetable for corrective action (if any).
11. A confidential Quality Assurance Mortality and Suicide Review Preliminary Report, signed by each member of the Review Committee, shall be approved by the Director of Health Services and forwarded to the Commissioner, Deputy Commissioner, Assistant Deputy Commissioner, Associate Commissioner of Reentry/Reintegration, General Counsel, Superintendent and Program Director of the contractual medical provider. The mortality review

report shall be completed within seven days of the mortality review.

12. Upon receipt, the Medical Examiner's Report and the final autopsy report are to be filed with the mortality report.
13. The Superintendent of a facility shall provide the Health Services Division with a copy of the death certificate within ten days of its receipt.
14. Recommendations from the Quality Assurance Mortality and Suicide Review Committee shall be monitored by the Regional Administrators. A quarterly report delineating the status of the recommendations shall be prepared by the Deputy Director of Health Services. The report shall be submitted to the Director of Health Services and Associate Commissioner of Reentry/Reintegration.

15. The status of the recommendations shall be communicated to the senior consultants by the Director, or Deputy Director.

APPLICABILITY: This procedure applies to all Department and contractual staff.

RESPONSIBLE STAFF: The Director of Health Services is responsible for the implementation of this procedure.

REVIEW DATE: This procedure shall be reviewed annually upon the effective date.

APPROVAL: This procedure is effective 30 days after being signed by the Director of Health Services. All provisions of this procedure shall be fully implemented within 30 days of the signature of the Director.

APPROVED: _____
Director of Health Services Date

MASSACHUSETTS DEPARTMENT OF CORRECTION
DIVISION OF HEALTH SERVICES

ACTIVATION OF DEPARTMENTAL MEDICAL INVESTIGATION TEAM

Definition: Departmental Medical Investigation Team

The Commissioner may designate a Departmental Medical Investigation Team to investigate a death. This specially trained team will be comprised of at least one individual from the Office of Investigative Services and at least one Health Services Regional Administrator.

Activation of The Medical Investigation Team

Upon notification of an inmate death, the Commissioner may activate a Departmental Medical Investigation Team when the death appears to be any of the following:

- an unattended death in a facility
- a suicide
- a death which involves drug diversion or misuse
- any other suspicious or unnatural circumstances.

The Commissioner will notify the Deputy Commissioner, Associate Commissioner of Reentry/Reintegration, Director of Health Services, Chief of Investigative Services, and the appropriate Assistant Deputy Commissioner of his/her decision to activate a team. The Assistant Deputy Commissioner will notify the appropriate Superintendent.

The Department Medical Investigation Team will report at once to the facility where the death occurred.

Medical Investigation Procedure

1. When an inmate death occurs, the Superintendent or designee shall immediately confiscate and secure the following:
 - six part folder
 - medical record
 - medication kardexes
 - pertinent logs
 - medical shift roster
 - unit log books, if applicable
 - all prescribed medication, including blister packs
 - all pertinent documentation and incident reports, including preliminary reports and chronology of events.
 - IMS Forms
 - visiting card
 - mental health record
 - inmate housing roster
 - security shift roster
 - employee training records
2. Upon the Departmental Medical Investigation Team's arrival at the facility, the Superintendent or designee shall turn over all confiscated and secured materials to them.
3. The Superintendent shall ensure that the Departmental Medical Investigation Team has access to available resources (i.e., personnel, clinical support, etc.)
4. The Departmental Medical Investigation Team shall provide an initial report to the Commissioner within 24 hours of their activation. As the investigation continues, the Commissioner shall receive daily briefings.
5. A member of the Departmental Medical Investigation Team shall attend the Quality Assurance Mortality/Suicide Review.
6. The Departmental Medical Investigation Team shall conduct, control, and manage the investigation and available resources (i.e., IPS). At the conclusion of an investigation, a written report shall be submitted to the Deputy Commissioner. The Quality Assurance Mortality/Suicide Review shall take place prior to the conclusion of the investigation.

ATTACHMENT D
Departmental Medical Investigation Team
Page 3 of 3

7. The written investigation report shall follow on "executive summary" format which shall address, but not be limited to the following topics:

- Chronology of Events
- Medical History
- Mental Health History
- Prior Medical Treatment
- Prior Mental Health Treatment
- Medications Prescribed
- History of Suicide Attempts
- History of Substance Abuse Emergency Reports
- Autopsy Results
- Toxicology Results
- Criminal Background
- Training
- Sentence Structure
- Operational Policy & Procedure
- Disciplinary History
- Contracted Medical Provider Procedures
- Classification History
- All Incident Reports

[illegible]

(DATE)

(Name of Hospital or Morgue)
(Address)
(City, State, Zip Code)

Dear ()::

I am writing to inform you that you may release the body of (Inmate's Name) to (Name, Address, City, State, Zip Code of funeral home).

Please be advised that a good faith effort has been conducted to search for any known relative of (Name of Inmate). I must now inform you that no relatives have been located who wish to assume responsibility for the deceased.

As the Superintendent of (Name of Institution), I am hereby responsible for his/her burial and I authorize (Name of Funeral Home) to bury (Name of Inmate).

Sincerely,

(Superintendent's Name)
(Title)

Signed before me this _____ day of (Month, year)

(Name of Notary Public)

My commission expires:

STATEMENT OF IDENTIFICATION

<u>Commitment Number</u>		<u>U.S. War Veteran</u> <u>(War)</u>	
<u>First Name</u>	<u>Middle</u>	<u>Last Name</u>	<u>Sex</u>
<u>Town/City Residence</u>	<u>State</u>	<u>Zip Code</u>	<u>Race</u>
<u>Place of Death</u>	<u>County of Death</u>		<u>Marital Status</u>
<u>Husband of</u>			
<u>Wife of</u>			
<u>Date of Birth</u>	<u>Date of Death</u>	<u>Highest Grade Comp.</u>	
<u>Social Security No.</u>		<u>SS Notified Y/N</u>	
<u>Birthplace</u>			
<u>Name of Father</u>		<u>Birthplace of Father</u>	
<u>Maiden Name of Mother</u>		<u>Birthplace of Mother</u>	
<u>Informant's Name</u>		<u>Relationship</u>	
<u>Place of Burial or Cremation</u>		<u>Casket or Urn</u>	
<u>Lot Information</u>		<u>Lot Number</u>	
<u>Date of Disposition</u>		<u>Physician/advance practitioner</u>	
<u>Disease or Cause of Death</u>			
<u>Funeral or Memorial Service</u>		<u>Time of Visiting</u>	
<u>Place of Visiting</u>		<u>Date of Funeral</u>	
<u>Time of Funeral</u>		<u>Clergyman</u>	
<u>Billed to</u>		<u>Billing Address</u>	

ATTACHMENT H - not on intranet

CONSENT TO CREMATION

I, _____, being of sound mind, hereby knowingly and willing state my desire to be cremated by the Massachusetts Department of Correction following my death. I understand that following my cremation, the Massachusetts Department of Correction will bury my ashes in one of the cemeteries that it uses for inmate burials.

Signed this _____ day of _____.

NAME

DATE

WITNESS

DATE

WITNESS

DATE